

Library



BOROUGH OF WILTON



*Annual Report of the
Medical Officer of Health
for the Year 1959*

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

To the Mayor, Aldermen and Councillors of the Borough of Wilton

I have the honour to present the Annual Report of the Medical Officer of Health, incorporating the report of the Public Health Inspector, for the year 1959. At the request of the Ministry of Health, in Circular No. 1, 1960, certain additional statistics have been incorporated for the first time. It is also satisfactory to note, in this annual circular from the Ministry, the changed wording of the first paragraph. This draws attention to the Scope of the Annual Report, and to the Public Health Officers Regulations. 1959. The M.O.H. is enabled to comment on any matter which he thinks desirable in relation to the public health of this area.

I wish to record my appreciation of the kindly assistance and co-operation of the staff of the Municipal Offices and of other colleagues, and particularly to Mr. W. E. Ramm, Public Health Inspector (who is also Borough Surveyor), and to my colleagues the General Medical Practitioners and Health Visitors in Wilton, and to Dr. Peter Wormald, Director of the Salisbury Public Health Laboratory.

I have the honour to be,

Your obedient Servant,

F. JOHN G. LISHMAN,

19th May, 1960.

Medical Officer of Health.

INTRODUCTORY SUMMARY

Attention is drawn to the following sections of the Report.

A. In the Vital Statistics Section.

- (1) The slight rise in the death rate from 9·6 last year to 12·7 (standardised) in the Borough.
- (2) The Infant Mortality Rate (deaths per 1,000 live births) has returned to "nil" after being 17·6 last year, again illustrating the big element of chance which applies to such rates when the numbers concerned (e.g. the number of live births) are small, and each death makes a very big increase in the Infant Mortality Rate per 1,000 live births.
- (3) The "nil" Maternal Mortality Rate, as was the case last year.
- (4) The "nil" Tuberculosis Mortality Rate, again as last year.
- (5) The increase in the Cancer death rate from 1·7 to 2·3 per 1,000.

B. In the Communicable Disease Section.

- (1) The fortunate position of the Borough concerning notified communicable disease, only 2 cases being notified during the year, apart from measles (56 cases).
- (2) The continued need for more, and earlier, diphtheria, whooping cough and small pox immunisation of children, which must not be put in the background by the advent of large scale Poliomyelitis immunisation.

C. Environmental Public Health and Food Hygiene.

- (1) The satisfactory quality of the Borough's water supply, except for the low fluoride content. The desirability of enriching this fluoride content as soon as Central Government permits this.
- (2) The continued great need for more housing accommodation, as is also the case in the surrounding Rural District. At the end of the year there was still a waiting list of 100 for Council Houses. The difficulty of providing this accommodation at present costs, at rents which workers at local rates of pay can afford ; also without further serious encroachment upon agricultural land unless by multi-storey blocks of flats.
- (3) The need for more publicity and "Health Education" concerning the public health demerits of heavy smoking, both because of the financial effect of the habit and the greater risk of stimulating the growth of lung cancer. As in the case of fluoride enrichment of weak water supplies, a stronger lead from Central Government would be desirable, but the recent increase in the tobacco tax is a step in the right direction.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30247895>

STAFF OF THE PUBLIC HEALTH DEPARTMENT

- Medical Officer of Health F. John G. Lishman, M.D. (Hygiene), B.S. (London).
D.P.H.(London).L.R.C.P., M.R.C.S., D.L.O.(England),
L.M.C.C. (Canada).
Office address : 26 Endless St., Salisbury.
(Telephone : Salisbury 5201.)
Home address : "Over-the-Hill," Berwick-St.-James.
(Telephone : Stapleford 269.)
- Public Health Inspector ... W. E. Ramm, M.R.S.A., M.P.H.A.
(also Borough Surveyor).
- Clerks (Wilton Office) ... Miss P. Noble, Mrs. L. Delaney.
(Salisbury Office, M.O.H.) Miss G. Parsons, (resigned October) Miss R. Dare.

The Medical Officer of Health also holds the appointments of Medical Officer of Health for Salisbury and Wilton Rural District and Mere and Tisbury Rural District. Under joint arrangements he also acts as Assistant County Medical Officer of Health for the Wiltshire County Council. (A little under one eleventh of the salary for the joint appointment is allocated to the Borough of Wilton).

GENERAL STATISTICS

Area of Borough, in acres : 2,681.
Population—1951 Census : 3,054.
Population—Registrar General's Estimate for midyear : 3,570.
Density of Population—people per acre : 1.33.
Number of inhabited houses or flats : 960.
Number of Council houses or flats at the end of the year : 268.
Number of applications for Council Houses still outstanding at end of year : 100.
Rateable Value : £43,785.
Product of a Penny Rate : £170.
Principal Industries : Carpet Weaving, Felt Manufacture, Agricultural and other Engineering, Military Activities.

GENERAL ADMINISTRATION DURING THE YEAR.

There has been no significant change in the Public Health Department, under this heading, during the year. The coming into force of the Public Health Officers Regulations, 1959, while replacing the Sanitary Officers Regulations, 1935, reinforce, rather than alter, the organisation of Public Health Departments as under the old regulations.

VITAL STATISTICS

In accordance with the request in Ministry of Health Circular No. 22/1958, the layout of the Tables in this Section, which include certain additional vital statistics regarding infants, has been recast.

TABLE I. BIRTHS, INFANT MORTALITY AND MATERNAL MORTALITY.

					Male	Female	Total
Live Births	Legitimate	..	..	..	21	33	54
	Illegitimate	..	..	..	1	1	2
Total					22	34	56
Crude Live Birth Rate per 1,000 population					..	..	15.7
Comparability Factor for Births					..	..	1.05
*Standardized Live Birth Rate					..	..	16.5
					Male	Female	Total
Still Births	Legitimate	..	..	..	0	0	0
	Illegitimate	..	..	..	0	0	0
Total					0	0	0
Total Live and Still-births					22	34	56
Still Births, rate per 1,000 live and still-births					..	..	0
					Male	Female	Total
Infant Deaths—	Legitimate	..	..	..	0	0	0
	Illegitimate	..	..	..	0	0	0
Total					0	0	0
Infant Mortality Rate per 1,000 live births—*Legitimate					..	..	0
†Illegitimate					..	..	0
Total					..	..	0
For comparison—Infant Mortality Rate, England and Wales					..	..	22.0
Infant Mortality Rate, Wiltshire (previous year)					..	..	22.6
Neo-Natal Deaths under one month (first four weeks)	—Legitimate	..	..	..	0	0	0
	Illegitimate	..	..	..	0	0	0
Total					0	0	0
Neo-Natal mortality rate (per 1,000 live births)					..	..	0
					Male	Female	Total
Peri-Natal Deaths (under one week)—	Legitimate	..	..	..	0	0	0
	Illegitimate	..	..	..	0	0	0
					0	0	0
Peri-Natal Mortality Rate (per 1,000 live births)—	Legitimate	..	..	..	0	0	0
	Illegitimate	..	..	..	0	0	0
Total					0	0	0

*The Standardized Rate is the Crude Rate multiplied by the Comparability Factor, which is calculated by the Registrar General to enable populations of differing age and sex constitution to have their various "rates" compared on an equivalent basis.

Illegitimate live births per cent of total live births	4.0
Maternal deaths (including abortion)	0.0
Maternal mortality rate per 1,000 live and still-births.. .. .	Nil

$$* \text{Legitimate I.M.R.} = \frac{\text{Legitimate deaths under one year}}{\text{Legitimate live births}}$$

$$\dagger \text{Illegitimate I.M.R.} = \frac{\text{Illegitimate deaths under one year}}{\text{Illegitimate live births}}$$

This recast table includes two "Specific Mortality Rates" (the I.M.R. and the M.M.R.) which are generally considered to be important inverse Public Health indices, formerly included in Table III.

Comment on Table I.

The following series shows just how erratic the I.M.R. can be in Wilton over a period of years :—

1953— 0	1957— 0
1954— 83.3	1958—17.6
1955— 24.4	1959— 0
1956— 0	

As pointed out in previous reports, with such a small population and small number of births, each infant death that occurs causes a disproportionately large increase in the annual Infant Mortality Rate, when computed on the basis of 1,000 live births, so big annual fluctuations must be expected in a Borough of this size.

TABLE II. DEATHS AND DEATH RATES

	Male	Female	Total
Number of Deaths	18	19	39
Crude Death Rate, per 1,000 population			11.0
Registrar General's Comparability Factor for deaths			1.15
(This indicates that the age distribution of the population is very slightly younger than that for England and Wales. This change occurred in 1958. Formerly the age distribution of the Borough was just on the "elderly" side of the average, as is indicated by the then C.F. of 0.98).			
Death Rate as standardized by Comparability Factor			12.7
Death Rate for England and Wales, for comparison			11.6
Previous year's Death Rate for Wiltshire County			10.5

Comment : The "standardized" death rate for the Borough shows an increase. Study of Table IV later will show that this increase is fairly evenly spread over the various classified causes of deaths.

Natural Increase

Increase of live births over deaths during the year	17.0
Rate of Natural Increase per 1,000 population	4.3

TABLE III. CERTAIN OTHER "SPECIFIC" DEATH RATES OF INVERSE "HEALTH INDEX" INTEREST (Rates per 1,000 population, except for Maternal Mortality Rate)

(1)	Deaths due to tuberculosis (all forms) (both sexes)	..	..	..	0
	Tuberculosis Death Rate	..	..	..	0
	Previous year, Wiltshire for comparison	..	..	..	0.06
(2)	Deaths from Cancer and related malignant diseases	..	..	..	8
	Cancer Death Rate	..	..	..	2.3
(3)	Deaths from Heart Disease and other diseases of the circulatory system	..	..	..	19
	Specific death rate from circulatory system diseases	..	..	..	5.3
(4)	Deaths from Suicide	..	..	..	0
	Death Rate	..	..	..	0
(5)	Deaths from Motor Vehicle Accidents	..	..	..	0
	Death Rate	..	..	..	0

COMMENT ON TABLE III.

These index rates must be regarded as satisfactory, despite the small population figures from which they are calculated. The rate for "heart disease and other diseases of the circulatory system" still constitutes nearly half the total death rate of the Borough, and the Cancer rate has risen slightly to nearly one-third. It is pleasing to note the "nil" rates from Tuberculosis and motor vehicle accidents. The "Road Safety Committee" operating in Wilton, with representatives on it from the Borough Council continues to work hard, and I believe that it is really beneficial.

ANALYSIS OF DEATH BY CAUSE

The Registrar General provides for each district each year an analysis of deaths, according to cause, broken down into thirty-six disease headings. These headings lend themselves to "grouping" the causes of death together into "families" or "types" of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned. Advantage has therefore been taken of this opportunity to break down the Registrar General's annual table for this Borough into seven such groups, labelled "A" to "G", as set out on Table IV.

TABLE IV. ANALYSIS OF CAUSES OF DEATH

Group A—Certain Communicable Diseases					Male	Female	Total	Rate per 1,000
1.	Tuberculosis—Respiratory	..	..	..	0	0	0	0
2.	Tuberculosis—Other	..	..	..	0	0	0	0
3.	Syphilitic Disease	..	..	..	0	0	0	0
4.	Diphtheria	..	..	..	0	0	0	0
5.	Whooping Cough	..	..	..	0	0	0	0
6.	Meningococcal Infections	..	..	..	0	0	0	0
7.	Poliomyelitis	..	..	..	0	0	0	0
8.	Measles	..	..	..	0	0	0	0
9.	Other Infectious and Parasitic Diseases (Except Influenza and Pneumonia)	..	..	..	0	0	0	0
Total Group A					0	0	0	0

Group B—Cancer and related malignant diseases					Male	Female	Total	Rate per 1,000
10. Malignant Neoplasm—Stomach .. ..	..	..	..	..	1	0	1	0.3
11. —Lung or Bronchus .. ..	..	..	..	..	0	0	0	
12. —Breast .. ..	..	..	..	..	0	0	0	
13. —Uterus .. ..	..	..	..	..	0	0	0	
14. Other Malignant or Lymphatic Neoplasm ..	..	..	..	..	3	4	7	
15. Leukaemia or Aluekaemia .. ..	..	..	..	..	0	0	0	
Total Group B ..					4	4	8	2.3
Group C—16 Diabetes					0	1	1	0.3
Group D—Heart and other Diseases of Circulatory System								
17. Vascular Lesions of Nervous System ..	..	..	..	..	2	1	3	
18. Coronary Disease or Angina .. ..	..	..	..	..	4	4	8	2.3
19. Hypertension with Heart Disease .. ..	..	..	..	..	0	0	0	
20. Other Heart Diseases .. ..	..	..	..	..	2	3	5	
21. Other Circulatory Diseases .. ..	..	..	..	..	2	1	3	
Total Group D ..					10	9	19	5.3
Group E—Respiratory Diseases (other than tuberculosis)								
22. Influenza .. ..	..	..	..	..	0	2	2	
23. Pneumonia .. ..	..	..	..	..	0	1	1	
24. Bronchitis .. ..	..	..	..	..	2	0	2	
25. Other Diseases of Respiratory System ..	..	..	..	..	0	0	0	
Total Group E ..					2	3	5	1.4
Group F—(Miscellaneous)								
26. Ulcer of Stomach and Duodenum .. ..	..	..	..	..	0	0	0	
27. Gastritis, Enteritis and Diarrhoea .. ..	..	..	..	..	0	0	0	
28. Nephritis and Nephrosis .. ..	..	..	..	..	0	0	0	
29. Hyperplasia of prostate .. ..	..	..	..	..	1	0	1	
30. Pregnancy, Childbirth, Abortion .. ..	..	..	..	..	0	0	0	
31. Congenital Malformation .. ..	..	..	..	..	0	0	0	
32. Other Defined and Ill-Defined Diseases ..	..	..	..	..	1	4	5	
Total Group F ..					2	4	6	1.6

Group G—Accidents and Violence					Male	Female	Total	Rate per 1,000
33. Motor Vehicle Accidents	..	..	..	..	0	0	0	
34. All other Accidents	..	..	..	..	0	0	0	
35. Suicide	..	..	..	..	0	0	0	
36. Homicide and operations of War	..	..	..	..	0	0	0	
Total Group G					0	0	0	0.00
37. All Causes	..	..	..	..	18	21	39	10.9

Comment : As usual, diseases of the Heart and Circulatory System are the chief cause of epidemic mortality in the Borough — the specific mortality rate for these conditions at 5.3 per 1,000 being just below half the total mortality rate of 10.9. Cancer, at about a fifth (2.3 per 1,000) is second, and respiratory diseases (Bronchitis, Influenza and Pneumonia) third with 1.4 per 1,000.

It must now be appreciated that, as a cause of epidemic disease, heart, cancerous and respiratory diseases have replaced the old idea of “infectious disease” as prime epidemic culprits. Public Health workers have now to tackle this great trio of killers with the same energy as they used to tackle the now weakening group of “communicable” diseases. The effort to persuade people to reduce tobacco smoking is one example of modern epidemiology in the public health service.

LUNG CANCER AND TOBACCO.

In 1957 I submitted a special report on Lung Cancer and Tobacco Smoking, and I referred to this, and a table of statistics for Wiltshire, prepared by the County M.O.H., Dr. C. D. L. Lycett, in my Annual Report. What was said then still stands, with further evidence to support it.

In July 1957 I began the practice of following up every death in which a primary (but not a secondary) cancer of a bronchus (the larger air tubes in the lung) is mentioned on the death certificate, which reaches me in due course. The nearest relative (usually the widow) has been visited and her cooperation sought (and invariably most readily given) in ascertaining the victim's former smoking habits. Up to date (May 1960) out of 26 cases investigated, all except seven have been very heavy smokers, and none have been non-smokers. All were men except one, and she was a moderate smoker (5-9 cigarettes a day).

Here is an opportunity, the greatest since the introduction of Diphtheria Immunization, for Preventive Medicine to save lives and to reduce the physical and mental stress to the sufferers from bronchitis, and to those who have to bear their chronic coughing and hawking in their homes and work places. The loss to the family budget of about £70 a year for every 10 cigarettes smoked daily is another factor of great public health importance.

† The figures apply to my triple Combined M.O.H. District, not to the Borough alone.

COMMUNICABLE DISEASES.

A. Prevention of Communicable Diseases.

The measure of the extent to which people are immunised against communicable diseases in a district is becoming one of the "pointers" towards health of the community. "Artificial" immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases. The longest established and, so far, most proven successful and lasting, artificial immunisations are those against small pox and diphtheria. For Wiltshire, the Wiltshire County Council, as Local Health Authority under the National Health Service, operates in this district a scheme, mainly for babies, pre-school and school children, but available also for other ages. Smallpox immunisations are done by the "Family Doctors" under the National Health Service, for the County Council, Diphtheria and Whooping Cough immunisation either by the "Family Doctors" or by the County Council's Medical Officers at Child Health Clinics or at specially held immunisation clinics, usually arranged at schools. Partial protection against Tuberculosis is available for older Tuberculin negative school children through the County Medical Officer, and to selected other cases (usually contacts of cases of Tuberculosis) by N.H.S. Chest Physicians. In this area all the immunisations are carried out by Doctors, the practice of employing public health nurses (health visitors or especially experienced nurses) in this work not yet having been adopted. Poliomyelitis immunisation continued on an increasing scale. Facilities for this are now available for all up to 40 years old and for pregnant women of any age.

I am indebted to Dr. C. D. L. Lycett, County Medical Officer of Health for Wiltshire, for the following figures concerning artificial immunisation work carried out during the year, against diphtheria, smallpox, whooping cough and poliomyelitis in Wilton.

TABLE V. IMMUNISATION STATISTICS

A. & B.—Diphtheria and Whooping Cough.

Age Group		Under 1	1	2	3	4	5-9	10-14	Total under 15
Primary imms. completed	Diphtheria	68	4		0		1		73
	Wh/cough	68	4		0		0		72
Reinf. inj. administered	Diphtheria	0	1		25		22	1	49
	Wh/cough	0	1		25		12	1	39
Total immunised child population 31st December, 1959	Pre 1.1.55						46	153	190
	Post 1.1.55	24	46	38	25	36	156	38	371

C.—Small Pox

570

Age Group	Under 1	1	2-4	5-14	15 or over
(Immunisations)	39	2	0	4	4
Re-immunisations	0	0	1	0	12

D.—Poliomyelitis.

Age Group	..	..	..	All Ages
Partially Immunised (two injections)				359
Three injections	..	..	..	372

COMMENT :

In this country in a population of average age distribution and average birth and death rates about 1/5th of the population will be under 15 (aged—0—14) years old. Wilton's birth rate is about average; the death rate is usually (throughout the year) below the national death rate, but it is reasonable to assume that there are about 700 children under 15 in the Borough, so the figure of 570 children under 15 who at some period of their lives have been immunised against Diphtheria is better than the 544 last year. It should be nearer the 100%. More of the children are now being immunised early enough however. 68 children had these injections completed before they were one year old, which is good considering that only 56 babies were born in the previous year, but only 4 children aged over one and under five had primary protection, during the year. The advent and increasing popularity of whooping cough immunisation combined with diphtheria and sometimes tetanus immunisations is resulting in earlier protection against diphtheria, since to be of maximum value in very early life, when whooping cough is most dangerous, the immunisation should be begun when the child is about two to three months old.

Table V shows only a fairly satisfactory position for smallpox immunisations (so called "Vaccinations") for 39 children under one year were immunised, but the total immunisations and re-immunisations added together for all other ages, only amounted to another 23. This is worse than last year. In these times, when the speed of air travel allows people infected with smallpox abroad to keep well on the journey but develop the disease after arrival in this country, instead of on a ship, the low level of protection against smallpox in this Borough is disturbing. It could be less so if the same requirements in regard to immunisation against smallpox, before making the journey, as apply before entry into most countries, were put into force for entry into Great Britain.

Although a fair amount of immunisation against whooping cough is known to be done by the Family Doctors, outside the scope of the County Council schemes, usually combined with Diphtheria, and sometimes also tetanus, protection, statistics for this work are not at present available for the Borough.

*There is a good deal to be said in favour of combined diphtheria, whooping cough and tetanus protection, especially in an agricultural district, but at present in Wiltshire tetanus protection is only available through the family doctors on N.H.S. prescription.

Tuberculosis. Partial protection is also available for older school children and child contacts of Tuberculosis by "B.C.G." immunisation against Tuberculosis.

Poliomyelitis Immunisation. Although much poliomyelitis immunisation was available throughout the year, the response of the public in the Borough has not been very encouraging, only 359 people of all ages having, by the end of the year, received two injections, and 372 the desirable three. At the time of writing—May 1960—there are signs that many more adults are coming to the new clinic at the Town Hall.

B. Incidence of Communicable Diseases.

The communicable diseases for which statistics are available comprise those diseases which are compulsorily "notifiable", under the Public Health Act, 1936, or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health, in practice notification is rarely made unless a doctor attends, and he then makes the notification.

The incidence of notifiable communicable diseases in the Borough during the year is shown in Table VII.

The layout of this table, in extended form, is designed to co-ordinate with that for the tables for the Salisbury and Wilton Rural District and the Mere and Tisbury Rural District, for which I am also Medical Officer of Health. This facilitates record keeping from year to year, but for Wilton, after the most extraordinary record in 1956 of only one case of notified communicable disease, and only 13 cases notified during the year 1957, there were still only seven notified cases in 1958, plus the 45 measles cases.

*This became available after writing this Report in 1960.

TABLE VI. NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

	(sub)	(main disease)	Group Total
1. Tuberculosis			
(a) Respiratory	0		
(b) Meninges and nervous system	0		
(c) Other Forms	0		
(d) Group Total.. .. .		0	0
2. Other Respiratory Notifiable Diseases			
(a) Whooping Cough		0	
(b) Pneumonia, Acute		0	
(c) Group Total			0
3. Diphtheria	0	0	0
4. Meningococcal Infection	0	0	0
5. Virus Diseases of Nervous System			
(a) Poliomyelitis—Paralytic	0		
(b) Poliomyelitis—Non Paralytic	0		
(c) Total	0	0	
(d) Encephalitis—Infective	0		
(e) —(Post Infectious)	0		
(f) Total		0	
(g) Group Total.. .. .			0
6. Other Notifiable Virus Diseases			
(a) Measles (excluding Rubella)		56	
(b) Small Pox		0	
(c) Group Total.. .. .			56
7. Alimentary Infections or Poisons			
(a) Dysentery—Bacterial	0		
(b) —Other	0		
(c) Total		0	
(d) Typhoid Fever	0	0	
(e) Paratyphoid Fever		0	
(f) Food Poisoning		1	
(g) Group Total.. .. .			1
8. Streptococcal Group			
(a) Scarlet Fever		0	
(b) Erysipelas		0	
(c) Group Total.. .. .			0
9. Miscellaneous Groups			
(a) Puerperal Pyrexia		1	
(b) Ophthalmia Neonatorum		0	
(c) Other Notifiable Diseases		0	
(d) Group Total.. .. .			1
10. All "Notifiable Diseases" Total			<u>58</u>

It will be seen that apart from one case of (mild) "food poisoning" and one case of "other notifiable disease" (puerperal pyrexia), all the rest of the notified cases were measles.

Footnote — It is important to note that certain common communicable diseases such as influenza and mumps are not generally “Notifiable” and therefore cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included, for many minor cases may never have a doctor called to them and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of whooping cough, for example, may occur but not be notified.

TABLE VIA—FOOD POISONING.

The one case of food poisoning was a young nurse at Odstock Hospital, resident of Wilton. She was one of the casualties in the widespread outbreak of Salmonella Newport food poisoning affecting England, believed to be due to a widely distributed consignment of infected pressed meat.

PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service, the other “personal” health services for the Borough are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Health Clinics and the School Health Service with its specialised appendages such as Dental Service, Speech Therapy and Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the “Care and after-care” service, which is largely concerned with tuberculous people, their families and other contacts.

Your Medical Officer of Health spends nearly half his time working also for the County Council, principally with the School Health Service, also at the Child Health Clinics (including those in Wilton and Stoford), at Immunisation Clinics, and examining handicapped children and mental health patients in their homes. The Wilton Child Health Clinic which up to October was conducted by Dr. S. C. H. Lane in his own premises, was taken on by the M.O.H. when Dr. Lane retired. For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer and of the County Medical Officer of Health for Wiltshire.

HANDICAPPED CHILDREN

The care, and special educational needs, of handicapped children also come under the School Health Service, and your Medical Officer of Health, acting for the Wiltshire County Council, examines and advises on such children, of which mentally handicapped ones are much the most numerous.

SCHOOL PREMISES

The hygiene of School Premises, as of most other buildings, concerns the Local Sanitary Authority, as well as the Education Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer.

During the year further recommendations were made for certain improvements at the Wilton Primary and Secondary Modern Schools. Improvements to the dishwashing arrangements for School Meals at the Primary school in 1957 have been appreciated, but the type and condition of the old outside toilets are still antiquated and insanitary. The school is also very overcrowded. At the end of the year, however, there was news of a building programme to reduce the overcrowding and to provide new, inside, toilet accommodation. There was also news of forthcoming extensions, including a badly needed new kitchen and scullery, for the Secondary Modern School.

HANDICAPPED ADULTS AND OLD PEOPLE.

The care of handicapped adults, including the blind and deaf, and of old people, also comes under the County Council Services. But the Local Authority has also powers (under the National Assistance Act, 1948, and the National Assistance Amendment Act, 1951) concerning old people needing care and attention, and either chronically ill or living in insanitary conditions. Removal to an Institution can be enforced under an order of a Court, or of a single Justice. The Medical Officer of Health sees such cases, but, in the Borough, very few came to my attention during the year, and no official action under the National Assistance Acts was needed.

Environmental Public Health, and Food.

As stated in previous reports this is probably the most important of the various factors which influence public health.

Human health is still greatly influenced by the environment, and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing, water supply, safe, not wasteful, disposal of human body wastes (drainage, sewerage etc.), refuse collection and disposal, control of flies, vermin and other insects, rodents and other pests, quantity, quality and freedom from adulteration or infection of food supplies, including especially milk, and such universal and basic foods as bread and meat. Food hygiene concerns not only the home but also places where food and drink are prepared and/or consumed outside, including school and other canteens, and public restaurants, hotels and public houses.

These matters are reported upon in detail in the report of your Public Health Inspector, Mr. W. E. Ramm, which is incorporated in this Annual Report. Brief comments on the following matters are however made in this section of the Report.

A. Housing

My general observations made in previous Reports concerning the grave adverse effect of bad housing, or lack of housing, upon mental and physical health still apply and need not be repeated. The extent of the housing problem cannot be measured only by the size of the local Authority's waiting list of applicants for Council Houses or flats. Not all people living in unsuitable "accommodation" apply for Council Houses. But in December there were 100 applications on the waiting list, 86 less than the 186 a year previously.

The Council have continued making "Improvement Grants" for the improvement of sub-standard houses, under the Housing Act, 1949, and the Housing (Financial Provisions) Act, 1959. Four applications for improvement grants were received and all four were approved. These involved eight dwellings. This is a valuable method of preventing the loss of saveable property by slum clearance, and saves some expense in the provision of new Council Houses or Apartments.

In my Report of 1956 I wrote emphatically advocating the policy of "building upwards" in tall many-storey blocks of flats, high enough to justify the cost of mechanical elevators. Such buildings can be beautiful, enhancing the loveliness of the countryside. If well designed they can be better to look at than a motley collection of small houses, nearly all on the same level, and they reach up to the sun, fresh air, and to a view.

The Borough made a good start in 1956 towards the policy of building upwards by the erection of the Churchill Court Flats, but I would again like to suggest a block of

eleven or more stories, eleven being the minimum to make the provision of elevators economical. With such a block the Council could soon eliminate their waiting list of applicants, and with say six flats on each floor, provide upwards of 55 good apartments in these tall buildings.

With every increase of one or two storeyed housing development there is a corresponding encroachment on Great Britain's relatively small proportion of agricultural land. It is to be hoped that this matter will be regarded in a national, if not an international, light, and I again hope that this Council will set an example by adopting a policy of more "building upwards." Costs, however, are a serious problem in modern housing, especially in an area such as this where building costs are as high as in some industrial areas, where the level of earnings, with overtime, may be substantially higher than here, so that people in this area may have difficulty in finding the money for rent, and may have insufficient to buy enough of the right sorts of foods, clothes, etc., and may therefore become involved in the mental stress of indebtedness.

B. Water Supply

The Borough's water supply, from the prolific well source at Water Ditchampton, has been of consistently good quality, except for low fluoride content, and during the year was only given minimum chlorination. The supplementary source, bored on Bishopstone Hill to meet the needs of the new development on the South of the Borough, and particularly of the new Bulbridge Housing Estate, with its Military, Council and Private Development portions, is also low in fluoride content. The fluoride content of the water, because of its importance as a means of strengthening young growing teeth against the onslaught of dental decay, both in early and later life, is also being studied, and the water is being sampled for fluoride analysis periodically. Unfortunately the fluoride content of both waters is usually only about 0.1 parts per million, about one-tenth of the desirable amount. During the year I considered that the time has now come when I must advise the Council to consider enriching the water by adding some fluoride salt to the waters at their sources before distribution for drinking, but on the Council seeking the comments of the Ministry, the Council decided to defer further consideration until a more positive lead is given by the central Government.

C. Sewage

As reported last year the condition of some of the Borough's old sewers is still poor. Sub-soil water still enters (though in reduced volume) and greatly swells the volume of sewage, causing dismay at the Salisbury City Sewage Works, which receive and treat the sewage. However, it is hoped before long the new Salisbury Sewage Disposal Scheme will be started, and be better able to cope with Wilton's very weak and watery sewage.

D. Food Hygiene.

Work continues in connection with the Food Hygiene Regulations, 1955, to improve standards of accommodation, equipment, and conduct of food-handling personnel, in all food premises and food businesses. The Regulations apply to cafes, restaurants, hotels, public houses (even those serving drinks only), nursing homes, hospitals (none in the Borough) and schools serving meals. They have all ready provided some impetus to more hygienic preparation and serving of food, dish and utensil washing, but need considerable time from the Staff to supervise. Perhaps the most notable improvement during the year was the complete reorganisation of the dish and utensil washery at the Wilton Primary School begun in 1957 and completed this year, already referred to.

E. Recreation.

The new Playing Field Pavilion, completed in 1957, has been much appreciated and should be a great health asset to the Borough. As advised in my report for 1955, a swimming pool would be an asset to health and amenity, and it is hoped that it may be possible to provide one, perhaps by using a stretch of the river Wylfe beside the Playing Field. In hot weather pools and hatch holes in the Rivers Wylfe and Nadder near the Borough are extensively used for bathing. Some of these are quite dangerous to non-swimmers. But it would be a pity to suggest a curtailment of this healthy recreation. Far better to have the children taught swimming properly. Swimming practice facilities are very lacking in the district, the Municipal swimming pool in Salisbury being the only place for tuition, so far as I am aware. This is quite inadequate. The only other artificial swimming pool available in the area is about fifteen miles west of the Borough, at the Pyt House Country Club, between Tisbury and East Knoyle.

Prescribed Particulars on the Administration of the FACTORIES ACT, 1937
Part 1 of the Act.

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	No. on Register	No. of Inspections	No. of Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	2	2	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	18	10	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworker's premises) ..	43	43	—	—
Total	63	55	1	—

2. Cases in which DEFECTS were Found

Particulars.	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector	
Want of cleanliness (S1) ..	—	—	—	—	—
Overcrowding (S2) ..	—	—	—	—	—
Inadequate Ventilation (S4)	—	—	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Sanitary Conveniences (S7):					
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or defective	1	—	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act	—	—	—	—	—
Total	1	—	—	1	—

Part VIII of the Act—Outwork

(Sections 110 and 111).

Nature of Work	No. of outworkers in August list re- quired by Section 110 (1)(c)(2)	No. of cases of de- fault in sending lists to Council	No. of prosecu- tions for failure to supply lists	No. of instances of work in un- whole- some premises	Notices served	Prosecu- tions
(See list below)	—	—	—	—	—	—

Wearing apparel, making, etc., cleaning and washing. Household linen. Lace, lace curtains and nets. Curtains and furniture hangings. Furniture and upholstery. Electro-plate. File making. Brass and brass articles. Fur pulling. Iron and steel cables and chairs. Iron and steel anchors and grapnels. Cart gear. Locks, latches and keys. Umbrellas, etc. Tents sack, artificial flowers. Nets other than wire nets, racquet and tennis balls. Paper bags. The making of boxes or other receptacles or parts thereof made wholly or partially of paper. Brush making. Pea picking. Feather sorting. Carding etc., or buttons etc. Stuffed toys. Basket making. Chocolate and sweetmeats. Cosaques Christmas stockings. Textile weaving.

F. JOHN G. LISHMAN,

19th May, 1960.

ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR FOR THE YEAR 1959.

This is my first annual report as Public Health Inspector to the Wilton Borough Council and I hope to be able to present a clear picture of this side of my work.

ACTION TAKEN UNDER ACTS OF PARLIAMENT AND REGULATIONS, ETC., MADE THEREUNDER.

1. Public Health Acts.

(a) Informal Notices served ..	..	..	..	..	7
Informal Notices complied with ..	..	..	..	..	4
Statutory Notices served ..	..	..	..	..	1
Statutory Notices complied with ..	..	..	..	..	1

Housing Acts.

(b) Informal Notices served ..	..	..	..	..	Nil
Informal Notices complied with ..	..	..	..	..	Nil
Statutory Notices served ..	..	..	..	..	Nil
Statutory Notices complied with ..	..	..	..	..	Nil

Food and Drugs Acts Regulations.

(c) Informal Notices served ..	..	..	..	.....	Nil
Informal Notices complied with ..	..	..	..	..	Nil

Factories Acts and Regulations.

(d) Informal Notices served ..	..	..	..	..	1
Informal Notices complied with ..	..	..	..	..	Nil
Statutory Notices served ..	..	..	..	..	Nil
Statutory Notices complied with ..	..	..	..	..	Nil

2. Water Undertaking.

The pumping stations have functioned well in the capable hands of the waterworks supervisor. The Bulbridge Borehole equipment has, however, given some trouble due to a defect in the water level recording apparatus, and although repaired by the makers it is still not quite in order.

A pressure reducing valve was installed on the Bulbridge supply main, and this maintains an outlet pressure of between 25 and 35 lbs per square inch, which is a great reduction on the 90 lbs per square inch pressure at the Pumping Station before fitting the valve.

The reduced pressure has eliminated the noises in the pipes of the houses on the Bulbridge Estate and is very satisfactory.

The summer drought resulted in a dangerously low level in wells and boreholes throughout the country, but by careful regulating of the pumping by the waterworks supervisor, trouble was avoided here.

A total of 57 water samples was submitted for bacteriological examination during the year, the results being as follows :—

50 Satisfactory
4 Suspicious
3 Unsatisfactory.

Unsatisfactory or suspicious samples were retaken and every care taken to safeguard the water supply. In all but two cases the unsatisfactory samples were raw water and were rendered safe by chlorination. The two remaining unsatisfactory samples were undoubtedly due to bad sampling.

Samples for Chemical Analysis and Fluoride Content were submitted to the Salisbury Infirmary and the results forwarded to the Ministry of Health.

The chemical analysis reports were satisfactory in both cases and the hardness and fluoride contents of the waters tested are as follows :—

(a) Ditchampton Shallow Wells.

Temporary hardness	..	165 parts per million.
Permanent hardness	..	50 parts per million.
Total hardness	..	215 parts per million.
Fluoride content ..	..	0.05 parts per million.

(b) Bulbridge Borehole.

Temporary hardness	..	155 parts per million.
Permanent hardness	..	55 parts per million.
Total hardness	..	210 parts per million.
Fluoride content ..	..	0.05 parts per million.

SEWERAGE.

The foul sewers in the lower part of the Town were surcharged during January and February and in consequence it was subsequently necessary to unblock several sewers which had silted up during this period. The South Street sewer was the worst of those affected. Salisbury City still accepts and treats the Borough sewage at their own sewage works.

REFUSE COLLECTION.

The refuse service has worked very well during the year with only a few complaints. The contractor, Mr. Ward, of Kingsway, Wilton, has been very co-operative. Refuse is still deposited at Salisbury City Dump.

RODENT AND PEST CONTROL.

The work carried out by the Rodent Operator is as follows :—

Survey Only.

Domestic premises	..	325
Business premises	..	20
Farm premises	..	4

Treatments.

		Domestic	Business	Farms
(a) On complaint	..	20	2	Nil
(b) After survey	..	17	1	Nil
Total Treatments	..	37	3	Nil
Total Visits and Treatments		362	23	4

In addition test baiting of sewers was carried out. A total of 17 manholes was test baited and all found to be negative.

FOOD AND FOOD PREMISES.

a. Food condemned during the year :—One 6 lb tin corned beef.

b. List of Food Premises.

General Stores	..	..	9	Bakehouses	..	..	2
Butchers Shops	..	..	3	Fish and Chip Shops	..	..	1
Cafes	..	..	6	Public Houses, Inns, Hotels, Wine			
Greengrocers	..	..	1	Merchants	..	..	10
				Pharmacies	..	..	1

7. MILK AND DAIRIES Acts and Regulations.

Number of licences issued for the sale of Special Designated Milk in 1960 — 14 to seven dealers.

8. ICE-CREAM PREMISES.

The number of premises registered for the sale of ice-cream is 16.

9. FACTORIES.

Number of Factories with Power	..	21
Number of Factories without Power	..	2

The inspection of factories for the purpose of issuing certificates of Adequacy of Means of Escape in Case of Fire has been transferred by the Factories Act, 1957, to County Council fire authorities who will take up this duty at the appointed day in 1960.

10. HOUSING.

Existing Dwellings (all types and conditions)

(a) Total number of permanent dwellings in the Borough	..	..	960
(b) Total number of temporary dwellings in the Borough (i.e. prefabricated dwellings)	..	..	10

11. COUNCIL HOUSES.

(a) Council owned dwellings, permanent and temporary	..	..	268
(b) Corporate property dwellings	..	..	2
(c) Council dwellings built during 1959	..	..	Nil
(d) Council dwellings under construction at 31st December, 1959	..	..	40

12. PRIVATE DEVELOPMENT.

- | | |
|---|----|
| (a) Private dwellings built and completed during 1959 | 25 |
| (b) Private dwellings under construction at 31st December, 1959 | 20 |

Twenty-three of the private dwellings built during 1959 were on the Bulbridge Estate.

13. UNFIT DWELLINGS.

- | | |
|---|-----|
| (a) Number of houses unfit for human habitation within the meaning of Section 4 of the Housing Act, 1957, and requiring action to close or demolish | 10 |
| (b) Demolition Orders served in respect of individual houses unfit for human habitation under Section 17 of the Housing Act, 1957 | 1 |
| (c) Closing Orders made in respect of individual houses unfit for human habitation (Section 17 Housing Act, 1959) | Nil |
| (d) Houses closed as a result of undertakings from owners | Nil |
| (e) Undertakings to render houses fit accepted from owners | 1 |
| (f) Number of houses included in Clearance Areas for which:— | |
| (i) Clearance Orders have been made | Nil |
| (ii) Clearance Orders still to be made | Nil |
| (iii) Compulsory Purchase Order made | Nil |
| (iv) Purchased by agreement | Nil |
| (g) Number of houses in Clearance Areas patched for temporary accommodation under Section 48, Housing Act, 1957 (Local Authority owned) | Nil |
| (h) Number of Houses in Clearance Area licenced for temporary accommodation under Section 53, Housing Act, 1957 (Private owned houses) | Nil |
| (i) Number of unfit houses demolished under Section 17 Housing Act, 1957 | 9 |
| (j) Number of unfit houses demolished under Section 42 Housing Act, 1957 | Nil |
| (k) Number of temporary dwellings demolished (not included above) | Nil |

14. IMPROVEMENT GRANTS.

- | | |
|--|-------|
| (a) Applications for grants | 4 |
| (b) Grants Approved | 4 |
| (c) Number of dwellings involved | 8 |
| (d) Value of Grants made | £1120 |

W. E. RAMM,
Public Health Inspector.

